MAR 0 8 2004

1639\$

2004								
AOEMHA		Application Number		09/963,698				
TRANSMITTAL	Filing Date		September 26, 2001					
FORM (to be used for all correspondence after initial	First Named Inventor		Barany 1639					
	Group Art Unit							
		Examiner Name		P. Ponnaluri				
Total Number of Pages in This Submission 2	Attorney Docket Number		19603/3355 (CRF D-1595E)					
	ENCLOSU	RES (check all that apply)						
Fee Transmittal Form Fee attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	Drawing Declarate Declarate Declarate Declarate Declarate Declarate Declarate Petition Applicate Power of Change Terminate Requeste Declarate Declarate Declarate Petition Applicate Power of Change Declarate Declarate	tion and Power of Attorney ng-related Papers to Convert to a Provisional		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Application Data Sheet Request for Corrected Filing Receipt with Enclosures A self-addressed, prepaid postcard for acknowledging receipt Other Enclosure(s) (please identify below): Supplemental Combined Declaration for Patent Application and Power of Attorney				
	Remarks	The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.						
SIGNATUR	RE OF APPL	ICANT, ATTORNEY, O	R A	GENT				
Rochester, Telephone:	· •	14603-1051						
Signature	ia Wo	ino		Registration No. 44,597				
Date March 5, 20	004							
I hereby certify that this correspondence deposited with the United State	is being: es Postal Ser		belov	w with sufficient postage as first				
class mail in an envelope addre Alexandria, VA 22313-1450 transmitted by facsimile on the		•						
transmitted by facsimile on the (703)	.,	Daven A	f Sli	aicht and Fradeniark Office at				
Date	Karen Holynski Typed or printed name							

MAE 0 8 2004 FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)950.00

Complete if Known						
Application Number	09/963,698					
Filing Date	September 26, 2001					
First Named Inventor	Barany					
Examiner Name	P. Ponnaluri					
Art Unit	1639					
Attorney Docket No.	19603/3355 (CRF D-1595E)					

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Card Card Money Other None	3. ADDITIONAL FEES							
Deposit Account:		Large Entity Small Entity Fee Fee Fee Fee Description						
Deposit Account 14-1138		Fee (\$)	Fee Code	Fee (\$)		Fee Description	ion	
Number 14-1138	Code 1051	130	2051	65	Surcharge	- late filing fee or o	oath	
 	1052	50	2052	25	_	- late provisional fil	1	
					sheet	•		
Deposit Account Nixon Peabody LLP	1053	130	1053	130	Non-Engli	ish specification		
Name Name		2,520	1812	2,520	For filing	a request for ex parte	e reexamination	
The Commissioner is outhorized to: (check all that and b)	1804	920*	1804	920*		g publication of SIR	prior to Examiner	-
The Commissioner is authorized to: (check all that apply)	1805	1,840*	1805	1,840*	action	a nublication of SID	after Everyines	
Charge fee(s) indicated below Credit any overpayments	1805	1,040	1805	1,040	action	g publication of SIR	aner Examiner	
Charge any additional fee(s)	1251	110	2251	55	Extension	for reply within first	t month	
Charge fee(s) indicated below, except for the filing fee		420	2252	210	Extension for reply within second month			
to the above-identified deposit account.		950	2253	475	Extension	for reply within third	d month	950.00
FEE CALCULATION		1,480	2254	740	Extension	for reply within four	rth month	223.00
1. BASIC FILING FEE	1255	2,010	2255	1,005	Extension	for reply within fifth	n month	····
Large Entity Small Entity	1401	330	2401	165	Notice of	Appeal	ł	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	1402	330	2402	165	Filing a br	ief in support of an a	appeal	
Code (\$) Code (\$) Fee Paid	1403	290	2403	145		or oral hearing		
1001 770 2001 385 Utility filing fee	1451	1,510	1451	1,510	•	institute a public use	e proceeding	
1002 340 2002 170 Design filing fee	1452	110	2452	55		revive – unavoidable		·
,	1453	1,330	2453	665				
1003 530 2003 265 Plant filing fee	1501	1,330	2501	665	Petition to revive – unintentional Utility issue fee (or reissue)			
1004 770 2004 385 Reissue filing fee	1502	480	2502	240	Design iss	,		
1005 160 2005 80 Provisional filing fee	1503	640	2503	320	Plant issue		•	
SUBTOTAL (1) (S) 0	1460	130	1460	130		the Commissioner	-	
SUBTOTAL (1) (\$) 0								
2 EVTDA CLAIM FEES FOR HTH ITV AND DEISCHE	1807 1806	50	1807	50	-	fee under 37 CFR 1	`~	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from		180	1806 8021	180 40	Submission of Information Disclosure Stmt Recording each patent assignment per property			
Extra Claims below Fee Paid	8021	70	0021	40		ber of properties)	lent per property	
Total Claims 31 ** = 0 X 0	1809	770	2809	385	Filing a su (37 CFR 1	bmission after final r	rejection	
Independent 1 ** = 0 X = 0	1810	770	2810	385	•	dditional invention to	o be examined	
Claims Multiple Dependent	1001	770	2001	205	(37 CFR 1	` ' '	ALL (DOD)	
Multiple Dependent X = 0	1801	770	2801	385	Request 10	r Continued Examin	lation (RCE)	
Large Entity Small Entity	1802	900	1802	900	Request fo	r expedited examina	tion of a design	
Fee Fee Fee <u>Fee Description</u> Code (\$)	ķ.	- 5			application			
	Other fee (specify)							
1202 18 2202 9 Claims in excess of 20								
1201 86 2201 43 Independent claims in excess of 3	*Reduc	ed by Bas	sic Filing	g Fee Paid		SUBTOTAL (3)	(\$)950.00	
1203 290 2203 145 Multiple dependent claim, if not paid						. , ,		
1204 86 2204 43 ** Reissue independent claims over		C	ERTIFIC	CATE OF	MAILING (OR TRANSMISSIO	N [37 CFR 1.8(a)]	
original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and	I hereby	certify t	hat this c	orresponde	ence is being	; :		
over original patent							date shown below w	
SUBTOTAL (2) (\$)0						velope addressed to: ria, VA 22313-1450	Mail Stop: , Comm	issioner for
**or number previously paid, if greater; For Reissues, see above						·	ne United States Pater	at and
				Office at (o omica siates rates	n and
	March 5	5, 2004			9	Joseph Hol	loned.	
Date Signature								
<u>Karen Holynski</u> Typed or printed name								
						7,510,		
SUBMITTED BY	D ' · ·		<u> </u>	14.505		Complete (if app		
Name (Print/Type) Georgia Evans	-	ation No ey/Agent		14,597		Telephone (585) 263-1672	
Signature Lenna wans	_		<u>- </u>			Date N	March 5, 2004	
						<u> </u>		